

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0035496
DRILLING PERMIT NO. 828045
Water Right or Injection Well No. _____

2. OWNER:

Name Don Lazzarini
Address 1395 Flannigan Crk. Rd.
City Viola State Id. Zip 83872

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 41 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 23 NE 1/4 SW 1/4
Gov't Lot _____ 160 acres
Lat: _____ Long: _____
Address of Well Site Same City _____

(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>BenToNite</u>	<u>0</u>	<u>54</u>	<u>250 lbs</u>	<u>Dry</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 157

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>+1</u>	<u>157</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

125 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

71N SW 23

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____		Long: _____	

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>approx 15</u>		<u>150</u>	<u>1 Hr.</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 160

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>74</u>	<u>overburden, clay</u>			
<u>8</u>	<u>74</u>	<u>94</u>	<u>overburden, clay</u>			
<u>8</u>	<u>94</u>	<u>105</u>	<u>soft basalt</u>			
<u>8</u>	<u>105</u>	<u>128</u>	<u>clay</u>			
<u>8</u>	<u>128</u>	<u>133</u>	<u>shale</u>			
<u>8</u>	<u>133</u>	<u>146</u>	<u>argalite</u>			
<u>8</u>	<u>146</u>	<u>151</u>	<u>clay</u>			
<u>8</u>	<u>151</u>	<u>163</u>	<u>Fract argalite</u>			

RECEIVED
JAN 19 2005
IDWR/North

Completed Depth 163 (Measurable)

Date: Started 12/15/04 Completed 12/22/04

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Wittwell Drilling Firm No. 58

Principal Driller Roger Witt Date 12/31/04

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.